

## STANDARD CERTIFICATE OF DEATH

386333

STATE FILE NUMBER

FILED OCT 28 1957

Registration District No.

317

Primary Registration District No.

548

Registrar's No.

2552

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Webster Groves</b>   |  | c. CITY OR TOWN <b>Webster Groves</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br><b>607 Cannonbury Dr.</b>   |  | d. STREET ADDRESS (If outside, give location)<br><b>607 Cannonbury Dr.</b>  |  |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>EMMA</b>  |  | 4. DATE OF DEATH<br>Month <b>Oct.</b> Day <b>15</b> Year <b>1957</b>  |  |
| 5. SEX<br><b>Female</b>  |  | 6. COLOR OR RACE<br><b>White</b>  |  |
| 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOW <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>  |  | 8. DATE OF BIRTH<br><b>Nov. 14, 1867</b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b>   |  |
| 13a. FATHER'S NAME<br><b>Sebastian Wetzel</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Amalia Unknown</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, or unknown) (If yes, give war and dates of service)<br><b>No</b>   |  | 17. INFORMANT<br><b>Mrs. Edna Benzel</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Hypertension</b><br><b>Senility</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  |  | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                       |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION<br><b>St. Louis, Mo.</b>   |  |
| 21. I attended the deceased from <b>Apr. 20, 1957</b> to <b>Oct. 15, 1957</b> and lost saw her him alive on <b>Oct. 12, 1957</b><br>Death occurred at <b>11:30 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.   |  | 22a. SIGNATURE<br><b>Arthur W. Wetzel M.D.</b>  |  |
| 22b. ADDRESS<br><b>204 E. Big Bend</b>   |  | 22c. DATE SIGNED<br><b>10-16-57</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |  | 23b. DATE<br><b>Oct. 18, 1957</b>   |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>S/S Peter &amp; Paul Cem.</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b>  |  |
| 24. FUNERAL DIRECTOR<br><b>Kriegshauser</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>10-16-57</b>   |  |
| 26. REGISTERAR'S SIGNATURE<br><b>Heckel R. Donkey</b>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William B. White

Licensed Embalmer No. 4281  
P. O. Address W. B. White

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.